

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **MAMMALIAN ANTIGEN-PRESENTING T CELLS AND BI-SPECIFIC T CELLS** the specification of which was filed on March 11, 2004 as United States Application Number 10/797,609.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? NO

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

cation Number(s) Filing Date (MM/DD/YYYY)	Filing Date (MM/DD/YYYY)			
March 11, 2003				
March 11, 2003				

I or we hereby appoint the registered practitioner(s) associated with Customer No. **6449** to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number **6449**.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR F	IRST INVENTOR:	[] A petition	has been fil	ed for this ur	nsigned invent	tor	
Given Name (first and middle [if any		Family Name COOPER or Surname					
Inventor's Signature			Date 06-23-04				
Residence: City	Sierra Madre	State CA	Country	USA	Citizenship	USA	
Mailing Address	351 Grove Street						
Mailing Address					•		
City	Sierra Madre	State CA	Zip	91024	Country	USA	
NAME OF SECOND IN	IVENTOR:	[] A petition h	as been file	d for this uns	signed invento	r	
Given Name Michael (first and middle [if any])			Family Name JENSEN or Surname				
Inventor's Signature			Date 6.24-04				
Residence: City	Pasadena	State CA	Country	USA	Citizenship	USA	
Mailing Address	2305 Woodlyn Road						
Mailing Address	*						
City	Pasadena	State CA	Zip	91104	Country	USA	
NAME OF THIRD INVENTOR: [] A petition has been filed for this unsigned inventor							
NAME OF THIRD INV	ENTOR:	[] A petition h	nas been file	ed for this un	signed invent	or	
NAME OF THIRD INV Given Name (first and middle [if any]	18	[] A petition h	Family Na or Surnam	me	signed invent	or	
Given Name	18	[] A petition h	Family Na	me	signed invento	or	
Given Name (first and middle [if any]	18	[] A petition h	Family Na or Surnam	me	signed invento	or	
Given Name (first and middle [if any] Inventor's Signature	18		Family Na or Surnam Date	me	r	or	
Given Name (first and middle [if any] Inventor's Signature Residence: City	18		Family Na or Surnam Date	me	r	or	
Given Name (first and middle [if any] Inventor's Signature Residence: City Mailing Address	18		Family Na or Surnam Date	me	r	or	
Given Name (first and middle [if any] Inventor's Signature Residence: City Mailing Address Mailing Address)	State	Family Na or Surnam Date Country	me ne	Citizenship		
Given Name (first and middle [if any] Inventor's Signature Residence: City Mailing Address Mailing Address City	VENTOR:	State	Family Na or Surnam Date Country	ed for this ur	Citizenship		
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Given Name (first and middle [if any] Inventor's Signature Residence: City Mailing Address Mailing Address City NAME OF FOURTH IN Given Name (first and middle [if any]	VENTOR:	State	Family Na or Surnam Date Country Zip has been file Family Na or Surnam	ed for this ur	Citizenship		
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